



Parent/Child Reunification (PCR) Authorization for Release of Student

MCPS Form 236-1
July 2016

Department of School Safety and Security
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

Student Name _____ Date of Birth ____/____/____

School _____

Parent(s)/Guardian(s) _____

I certify that I am the custodial parent/legal guardian of the above named student, and I grant permission for my child to be released to any of the following individuals in the event of an emergency that requires the school to release the students using parent/child reunification protocols at my student's school. (Each section must be completed.)

My child may be released to the following individuals. (Additional names may be included on a separate piece of paper. If additional names are attached, parent/guardian must initial here: _____)

Name _____ Relationship to child _____

Address _____ Phone ____-____-____

Name _____ Relationship to child _____

Address _____ Phone ____-____-____

Name _____ Relationship to child _____

Address _____ Phone ____-____-____

Parent/Guardian Information

Parent/Guardian Name _____

Work Phone ____-____-____ Home Phone ____-____-____ Cell Phone ____-____-____

Parent/Guardian Name _____

Work Phone ____-____-____ Home Phone ____-____-____ Cell Phone ____-____-____

Child's after-school daycare provider _____ Phone ____-____-____

I understand that my child will be released only to those listed on this form. This form is for PCR use only; no other use is intended or authorized. If this form is not completed and returned to my child's assigned school, MCPS staff may refer to the [MCPS Form 565-1, Emergency Information Card](#). I will contact the school if this information changes during the school year.

Parent/Guardian Signature _____ Date ____/____/____